

## Provider Complaints Summary Report

Health Plan ID: 2162934  
 Health Plan Name: AmeriHealth Caritas Louisiana  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 20140301  
 Report Period End Date: 20140331

## BAYOU HEALTH Reporting

Document ID: PI182      Revision Date: 11/01/2013  
 Document Name: **PROVIDER COMPLAINTS SUMMARY REPORT**  
 Reporting Frequency: Monthly  
 Report Due Date: 15th of the month following end of reporting period  
 File Type: Excel  
 Subject Matter: Informatics (I)

	Claims Processing	Reimbursement Rates	Prior Authorization	PCP Linkages	Provider Enrollment and Credentialing	Lack of Access to Providers or Services	Provider Directory	Lack of Information /Response	Other	Total
# complaints received this month	91	0	1	0	0	0	0	0	3	95
# complaints resolved this month	99	0	1	0	0	0	0	0	5	105
# complaints pending over 30 days*	0	0	0	0	0	0	0	0	21	21
# complaints pending over 90 days*	0	0	0	0	0	0	0	0	0	0
<b>Total complaints received YTD</b>	<b>252</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>33</b>	<b>303</b>
<b>Total complaints resolved YTD</b>	<b>245</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>12</b>	<b>275</b>
# complaints pending over 30 days YTD*	0	0	0	0	0	0	0	0	21	21
# complaints pending over 90 days YTD*	0	0	0	0	0	0	0	0	0	0

<b>Formal Claims Disputes YTD</b>	Received	Pending	Resolved	Resolved with change to original payment
First Level Review	2214	102	2112	331
Second Level Review	1	1	0	0
Arbitration	0	0	0	0

\*Each complaint pending over 30 days for this calendar year must be shown on worksheet "A1 30+ days".